

**511****Forage Harvest Management**

Owner _____ Operator I.D. _____ Date _____
Operator _____ Tract _____ Field (s): _____
Contract Number _____ Contract Item Number (s): _____
Field Office _____

MANDATORY DOCUMENTATION WITHIN THE PLAN☐

Practice objective,
Identification of the extent of practices applied,
Location identification, this can be an aerial photo, soils map, reference to the conservation plan map, or a sketch in the plan drawings (legal description is required),
Environmental Evaluation NRCS-WA-CPA-052,
Documentation of necessary permits – federal, state, tribal, local - as applicable, and
Site-specific practice specification

The following additional data are needed for the specific practices listed.

Check Use the Check Box to indicate the Requirements are met.

Box**Requirements****COMMENTS**

<input type="checkbox"/>	Minimum cutting height.	_____
<input type="checkbox"/>	Nutritional requirements of the forage.	_____
<input type="checkbox"/>	Pattern or layout of entire system if applicable.	_____
<input type="checkbox"/>	Soil conditions to minimize compaction from equipment operation.	_____
<input type="checkbox"/>	Soils with interpretations.	_____
<input type="checkbox"/>	Species to be managed.	_____
<input type="checkbox"/>	Stage of maturity at harvest.	_____

Additional practices [supporting practices] may be necessary to implement, install, operate or maintain this practice. Check the requirements of this practice standard and provide the Practice Documentation Checklist for the necessary supporting practices.

Certification:

I have completed a review of all of the practice documentation and certify the applied practice meets NRCS specifications."

Certified by: /s/ _____ Date: _____

Job Title: _____